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## IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

Aryee Henderson 237887	) Civil Action No	
Enter the full name of the plaintiff in this action]	) (to be assigned by Clerk)	
South Carolina Department	COMPLAINT State Prisoner	
of Corrections	,	
and the second s	— } — }	
Enter above the full name of defendant(s) in this action		
. PREVIOUS LAWSUITS		
<ul> <li>A. Have you begun other lawsuits in state or federal court dea otherwise related to your imprisonment?</li> <li>B. If your answer to A is Yes, describe the lawsuit in the spandditional lawsuits on another piece of paper using the sam</li> <li>1. Parties to this previous lawsuit:</li> </ul>	YesNo vace below. If there is more than one lawsuit, describe the	
Plaintiff:		
2. Court: (If federal court, name the district; if s	state court, name the county)	
3. Docket Number:		
4. Name(s) of Judge(s) to whom case was assigned:	ed? Appealed? Pending?)	
5. Disposition:  (For example, was the case dismissed	rd? Appealed? Pending?)	
6. Approximate date of filing lawsuit:		
7. Approximate date of disposition:	7. 0. 1.	
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II.	PL	LACE OF PRESENT CONFINEMENT		
	A. Name of Prison/Jail/Institution: Broad River Correctional Enstitution			
	B. What are the issues that you are attempting to litigate in the above-captioned case? Denial of			
		Outdoor exercise		
	C.	(1) Is there a prisoner grievance procedure in this institution? Yes No		
		(2) Did you file a grievance concerning the claims you are raising in this matter? Yes No		
		When May 20, 2019 Grievance Number (if available) BRCX - 0447-19		
	D.	D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)?  Yes No		
	E. When was the final agency/departmental/institutional answer or determination received by you?			
		If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.		
	F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes No			
	G.	If your answer is YES:		
		1. What steps did you take?		
		2. What was the result?		
111.		TIES		
	In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.			
	A.	Name of Plaintiff: Aruee Henderson Inmate No.: 237887		
		Address: Broad River C.I./WA-#242 4460 Broad River Rd. Columbia, S.C. 29210		
		In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.		
	В.	Name of Defendant: Michal Stephan Position: Warden		
		Place of Employment: Broad River Carrectional Institution		
C. Additional Defendants (provide the same information for each defendant as listed in Item B above):		Additional Defendants (provide the same information for each defendant as listed in Item B above):		
	Mr. Lashawn Peeples - Associate Worden - Broad River Correctional Institut			
		Mr. Washington - Associate Warden - Broad River Correctional Enstitution		
		Mr. James Parrish - Major - Broad River Correctional Enstitution		

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## IV. STATEMENT OF CLAIM

State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

Denial of Outdoor Exercise - I am a mentally ill prisoner currently confined at the Ornad River Correctional Institution (Broad River C.I.) serving a 25 year sentence for Voluntary Manslaughter. On lockdown for SCOC prisons was issued because of a riot incident at hee Correctional Institution (Lee C.I.). I now assigned and living on the East Yard. red or participant in the riot, nor did I do anything to cause SCDC to go on statewide lockdown. On 4-25-18, I was transferred to Allendale C.Y. lock-up. On 5.2-18, I was transferred from Allendale C.I. lock-up to Leiber C.I. Do 5-14-18, I was transferred from Leiber C.I. to Broad River C.Z. and placed in the Wateree Unit. From 5-14-18 to present date, I have not received any outdoor exercise. To further substantiate this allegation, I have not had any outdoor exercise since \$-15-18. Moreover, Broad River C.Y. Staff and administrative officials refuse to allow me to work or receive a job, participate or attend any mental health classes, vocational programs, religious Services or any other rebabilitative programs or services. During the first week of June 2018, Broad River C.I. c/o's and staff members came to the Wateree Unit and packed -up numerous inmates to be transferred to Mississippi other Outer state prison facilities. In August 2018, Statewide lockdown was lifted for the general population, however, Warden Stephon ordered the Wateree Unit to be sanctioned and subjected to statewide Status. While subjected to 24/7 lockdown status in the Wateree Unit, there has been no outside air circulating within this unit, no direct sunlight in the cell because the windows are painted over with gray paint, and there's a large metal plate bolled over the window to keep you from

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## IV. STATEMENT OF CLAIM - continued.

Seeing the outside world. Upon information and belief . the Warden
has designated and stigmatized the Wateree Unit as the most worst and
dangerous inmates in the state of South Compline, with severe limited
movement, such as: Showers, court appearances, and occasional doctor
visits. No inmak is allowed to have a job in this unit. On 5-20-19, I filed
an Emergency Brievance pursuant to SCDC Policy GA - 01.12 (14.1) because
these cruel and unusual living conditions are causing me severe health
problems, such as: usure chest pains, high-blood pressure, bed sores,
beadaches, depression and mental anguish. See Exhibit A (Step 1 Griev-
ance). My medical records is evidence to prove same. Please review my
medical records for corroboration. The Grievance Coordinator denied my
grievance without investigating the complaints alleged within it on 6-12-19
I received a copy of this grevance through the mail on 6-19-19.

V.	RELIEF	
	State briefly	and exactly what you want the court to do for you.
	Plain	tiff be moved to Moultrie (Medical) Unit.
		aff be given a job that receives 2 for 4 earned work credits (EWC)
	Grant	Plaintiff compensatory damages in the amount of \$50,000
		t each defendant jointly and severally.
		Plaintiff punitive damages in the amount of \$450,000
		st each defendant jointly and Severally.
		HH a) so seek a jury trial on all issues triable by jury.
		iff also seek recovery of his cost in this suit, and
		3
	THIN OF	dditional relief this Burt deems just, proper, and equitable
		<u> </u>
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		:
	I declare	under penalty of perjury that the foregoing is true and correct.
	Signed this	24+5 day of June , 20 19 .
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		aruse 1 Hunder son

Signature of Plaintiff